

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 26 September 2018, at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Dr Anne Boyter (ACB)
Mr Jonathan Burton (JB) (Vice-Chair)
Miss Tamara Cairney (TC)
Mr Andrew Carruthers (AC)
Mrs Kathleen Cowle (KC)

Mr Johnathan Laird (JL) (from 12:30)
Mr Alasdair Macintyre (AM)
Dr John McAnaw (Chair)
Dr Ailsa Power (AP)
Mrs Deborah Stafford (DS)

In attendance:

Aileen Bryson (ABr), Deputy Director and Scottish Practice and Policy Lead, Alex MacKinnon (AMK), Director for Scotland, Annamarie McGregor (AMcG), Practice Development Lead, Carolyn Rattray (CR), Business Manager, Boyana Atanasova (BA), Digital Communications Executive and Ashok Soni (AS), RPS President.

Paul Bennett (PB), Chief Executive and Corrinne Burns (CB), RPS Correspondent, joined the meeting by video-conference.

Guests:

Paul Forsyth (PF), Heart Failure Specialist, British Heart Foundation, Andrew Kerr (AK), pre-registration trainee and Andrew Walker (AW), Special Interest Group (SIG) on Mental Health.

18/09/01.	<p>Welcome and introductions</p> <p>The Chair welcomed everyone, extending a special welcome to Andrew Carruthers and Tamara Cairney, to their first Board Meeting as Board Members (BMs). He also welcomed Andrew Kerr, a pre-registration trainee based in Tayside, whose undergraduate project on <i>Innovation in Pharmacy</i>, had been sponsored by the RPS.</p> <p>Board Members were advised that Paul Forsyth and Andrew Walker would join the meeting later in the morning for their agenda items and to join Board Members and staff for lunch.</p> <p>Everyone introduced themselves to the two new Board Members and also to Andrew Kerr.</p>	
18/09/02.	<p>Apologies</p> <p>Apologies were received from Johnathan Laird (JL), who would be joining the meeting from 12:30. Apologies were also received from Robbie Turner, Director of Pharmacy and Member Experience.</p>	
18/09/03.	<p>Declarations of interest</p> <p>Amendments to Board Members' (BM) Declarations of Interest:</p> <ul style="list-style-type: none"> • Andrew Carruthers – Remove: Contributor to MEP • Alasdair Macintyre: Add Member, 5 Year Undergraduate Programme Development Group • Kathleen Cowle: no longer on Forth Valley and now on Tayside, daughter works for NHS Lothian 	BMs / CR

18/09/04.	<p>Minutes of the SPB Public Business meetings held on Tuesday 3 July 2018 and Wednesday 4 July 2018</p> <p>The Scottish Pharmacy Board</p> <p>accepted as a true and accurate record</p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Tuesday 3 July 2018 (18.07/SPB/04(i)).</p> <p>The Scottish Pharmacy Board</p> <p>accepted, with the amendments noted below, as a true and accurate record</p> <p>the minutes of the Scottish Pharmacy Board Public Business meeting, held on Wednesday 4 July 2018 (18.07/SPB/04(ii)).</p> <ul style="list-style-type: none"> • Page 8 – Mental Health – Add paragraph from JB around care bundles: <p><i>JB suggested we may take a ‘care bundles’ approach to the campaign, similar to NSAID advice, so patient facing pharmacists can have something practical to use when helping patients who are taking antidepressants for example.</i></p> <ul style="list-style-type: none"> • Page 8 – Remove sentence re: Claire Haughey’s daughter being a pharmacist. • CR to add public business minutes to the RPS website. 	<p>CR</p> <p>CR</p> <p>CR</p>
18/09/05.	<p>Matters arising</p> <p><u>Patient Consent</u>: Alasdair Macintyre (AM) advised that preparatory work has been completed but that GDPR and GPhC guidance restrictions have proved challenging, making it difficult to find solutions that cover every eventuality. The intention is to create a tool such as an algorithm that will support decision making around whether or not information should be disclosed. Volunteers for the short life working group (SLWG) were Debbie Stafford (DS), Ewan Black (EB) and Tamara Cairney (TC). Board Members (BMs)</p>	

	<p>agreed that this should be a GB piece of work that could be included in the next edition of <i>Medicines, Ethics and Practice</i>. ABr to take to the Professional Leadership Forum (PLF) as a discussion paper. It was noted that patient consent would fit into the Community Pharmacy Standards work.</p> <p>SLWG: ABr (staff), AM (Lead), DS, EB and TC.</p> <p><u>GP Pharmacist top tips.</u> ABr confirmed that this is a work in progress and that BMs would be updated in Confidential Business.</p> <p><u>Zubin Austin's presentation.</u> AMK reported that, with the development of the new RPS website, it had not been possible to access the presentation that Professor Austin had given to the 2016 RPS conference. AMK confirmed that the IT team has been tasked with locating the file. Action to remain open.</p> <p><u>Update from the newly appointed RPS Chief Scientist.</u> BMs were updated on the number of Research Ready (RR) pharmacies; UK RR pharmacies have reduced from 93 to 64 and in Scotland this has reduced from three to one. Dr Colin Cable added that the Science and Research team will be carrying out a review of RR. AP suggested that a Member could be deemed to be RR if they have attended a community pharmacy research event. This action is now closed.</p> <p><u>AOCB: What the RPS can do to encourage young people into the profession of pharmacy.</u> Marketing leaflet to be sent to ACB for onward circulation to schools in the West of Scotland. ACB noted that Strathclyde is hosting an open day on Saturday 4 October.</p> <p><u>Mental Health Campaign.</u> DS to introduce AMcG to the two psychiatric pre-registration trainees – DS / AMcG still to catch up. It was suggested that the pre-reg pharmacists should be invited to a strategy day. Closed</p> <p><u>Hospital Standards.</u> AMcG / CR to invite reps from the NAPs group to the April 2019 SPB meeting.</p> <p><u>Role of the pharmacist.</u> AMK advised that a revised paper would be circulated to the Boards when ready.</p>	<p>ABr</p> <p>ABr</p> <p>AMK / IT</p> <p>AMcG</p> <p>DS/AMcG</p> <p>AMcG/CR</p> <p>ABr</p>
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	<p><u>The dilemma of pharmacists prescribing cosmetic interventions.</u></p> <p>AMK reported that, if the pharmacist is trained properly, there is nothing to stop them practising in this way. Although a position statement had been drafted it needs to be re-written in the 'new tone of voice'. A revised draft statement will be produced for the next round of Board meetings. (January 2019). JB asked that the position statement should be in alignment with that of NES.</p> <p>AM asked about the relevance of the statement that medics should examine the patient prior to administering injectable cosmetic medicines. ABr noted that this statement would be included as a reference point but would be clarified in the next iteration of the position statement.</p> <p>Action: CR to add this matter to the January 2019 agenda.</p> <p>There were no other matters arising.</p>	CR
18/09/06.	<p>FIP Glasgow 2018</p> <p>AMK provided a brief update on FIP Glasgow 2018. It was agreed by all that FIP Glasgow 2018 was a great success for RPS as co-host with representation from more than 100 countries. Feedback has been very positive; AMK noted highlights which included networking and understanding what is happening in other countries - shared learning and shared experiences. AMK particularly enjoyed judging the community pharmacy posters; over 100 posters were entered and three winners were chosen.</p> <p>The Chair agreed that it had been 'a great event, very well attended and everyone seemed to enjoy it'. He felt that 'a lightbulb moment for future RPS conferences' was the RPS theatre; this was very impressive, with delegates able to book and present slots – 'positive ad hoc activity'. The Chair also acknowledged the Marketing and Events' teams for their organisation of the event. It was agreed that the Barista coffee stand was very good as it enabled opportunities to network whilst queuing.</p> <p>Ash Soni (AS), RPS President, noted that over 200 pharmacists from the UK attended this year's FIP; a record number, however, only half were RPS members. In total, there were 3,232 delegates from 110 countries; the biggest event in terms of numbers of countries represented. AS has received congratulatory letters from, amongst others, the new FIP President, immediate Past President and Chief Executive to say that it was the best FIP event they had ever attended.</p>	

	<p>RPS has increased its international membership, recruiting approximately 68 new members from different countries; it will be important to nurture these relationships so that they become champions for the RPS in their own countries. AS concluded that the reputation of the RPS has been enhanced as a result of FIP; this has provided opportunities going forward which should be channelled through the newly appointed Director of Innovation and Enterprise, Harvinder Singh. FIP has been a 'phenomenal achievement for RPS staff'.</p> <p>Paul Bennett (PB), Chief Executive, reflected that the event wasn't perfect but very nearly so. For him there were two key points: the delegate experience was very 'strong' and it will be important to capture the learnings from this event to inform the planning of future RPS events. The second point is that it is evident that the reputation of the RPS internationally is very high and efforts are needed to ensure that this level of reputation is matched in the UK, in particular, in such areas as education and new innovation and enterprise.</p> <p>PB concluded by stating that he was exceptionally proud of the staff; even if staff weren't directly involved in the delivery of FIP, it had been very evident that RPS staff supported each other and worked as one team together.</p>	
18/09/07.	<p>Scottish Pharmacy Board Business Plan for 2018 (SPB BP 2018)</p> <p>AMK provided BMs with a brief update on the SPB BP 2018, highlighting a number of areas:</p> <p>The team, along with Community Pharmacy Scotland (CPS), has continued to campaign for the extension of the Minor Ailments Service (MAS); this has now been documented in Scottish Government (ScotGov) policy. This shows commitment from the ScotGov and will deliver the ambition of securing the future of community pharmacy in Scotland as the first access point to the NHS.</p> <p><u>Brand:</u> The new RPS Brand is being implemented; it has been used in presentations at a number of events including the Pharmacy Management Conference and pre-registration events and has been very well received. The 'tone of voice' is now being worked on; it needs to have flexibility to allow the tone to fit the audience. AMK noted that he is really supportive of the brand and that it will allow the Society to communicate better with its members, non-members and other stakeholders.</p>	

	<p><u>Engagement:</u></p> <p>RPS Local: this initiative is going from strength to strength with events in every health board area. By the end of 2018, 46 RPS Local events will have been held reaching over 30% of the Scottish membership. A key factor in the SPB BP 2018, was to establish RPS Local (to replace LPFs) and this has been more than achieved with the Scottish membership embracing RPS Local. It is now hoped that, one year on, the coordinators will become more self-sufficient and that there will be a drive towards digital events which is an integral part of the plan. Feedback has been very positive so far (approximately 95% have found the events excellent). It is hoped that members will encourage non-members to join and so be able to access Local events.</p> <p>RPS Fellows Reception: This event was held on Friday 24 August. Fellows, together with their partners, Board Members and the Scottish team attended – a grand total of 30.</p> <p>Hospital Standards: AC asked about the delay in the RPS Hospital Standards; he had recently hosted an event and there was frustration that there was no way to measure the implementation of the Standards. The Chair responded that his understanding is that the Hospital Standards, being benchmarked in Scotland, will be measured and linked to the English NHS benchmarking work. AMcG advised that a reason for the delay was the need for them to be linked to the Health Improvement Scotland (HIS) Standards. DS suggested that Laura McIver (LMcI) (HIS) should be invited to a meeting to update the Board on the Standards. JMcA noted that the DoPs are very supportive of the RPS Hospital Standards and the benchmarking along similar lines to NHS England. It was agreed that communications around the Standards need to be improved. It was also agreed that the views of SPB Board Members would be fed back to the DoPs at their next joint meeting and it was agreed that, if deemed appropriate, LMcI should be invited to update the SPB on the Hospital Standards.</p> <p>Action: RPS representatives to discuss the Hospital Standards work with the DoPs Executive Group and, if appropriate, invite Laura McIver, as the HIS representative on the DoPs Group, to an SPB meeting to update the Board and answer any questions around the Hospital Standards.</p>	RPS Scotland representatives
18/09/08.	<p>RPS Business Plan 2019</p> <p>BMs were asked to consider priorities for the SPB BP 2019. BMs were reminded that any Scottish work streams would need to align with the corporate business plan, They were also</p>	

	<p>reminded that, when considering new Scottish work streams, account should be taken around business as usual which is 'huge'.</p> <p>AMK noted that the purpose of the Cross-Board working day, scheduled for 15 October, would be to consider and agree projects that champion big issues across all three nations simultaneously, but which can be 'tweaked' to fit each individual country; careful planning will be crucial. BMs were asked to approach the day with an open mind.</p> <p>Areas for consideration include:</p> <ul style="list-style-type: none"> • Community Pharmacy Standards (18 month programme) • Education development journey: a review of the RPS Foundation, Faculty and the Mentoring programmes which are scheduled to be launched in Q3, 2019 • Rebalancing Board work stream • Quality and Safety agenda • Advocacy • Making the brand 'live' • Development of GB stakeholder plan <p>BMs were encouraged to attend the Cross-Board day to represent the SPB; if not able to attend in person, BMs were asked to email comments to CR so that they can be included on the day.</p> <p>KC requested that the '<i>Good care starts with a conversation</i>' (GCWAC) campaign isn't lost. AMK confirmed that the campaign is now moving into its second phase; the campaign will support the RPS Quality and Safety agenda. The Chair agreed that this campaign needs to be developed with a focus on pharmacists as individuals, to 'keep the personal touch'. ACB noted that the GCWAC campaign should become a national campaign and be shared with England and Wales. AMK noted that new RPS structure will help to ensure that the correct staff and BMs focus on activities and that duplication is avoided.</p> <p>Action: BMs not attending the Cross-Board meeting on 15 October to email comments to CR beforehand.</p>	BMs / CR
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18/09/09.	<p>Presentation by Andrew Kerr: <i>Common Characteristics of High Performing Pharmacies</i></p> <p>Andrew Kerr (AK), Pre-Registration training, introduced himself and gave a summary of his background. He is now working as a modular pre-registration trainee at NHS Tayside under the tutelage of DS.</p> <p>AK's project focussed on 3 main areas:</p> <ul style="list-style-type: none">• How is innovation pushing the profession forward?• What is holding innovation back?• What makes a high performing pharmacy? <p>The project looked to identify and define the characteristics of a high performing pharmacy and to champion innovation. Various Scot Govt strategies were used as reference points and interviews were conducted with pharmacists, technicians and assistants from three pharmacies of different sizes and types; e-pharmacy and remote and rural were also considered.</p> <p>Key themes that came out of the research conducted included: teamwork, leadership and training – having talented staff helped with the training, etc, e.g. technology, person-centred care.</p> <p>AK concluded his presentation noting limitations, opportunities and next steps. One of the main limitations was that only staff from three pharmacies were interviewed; it was agreed that it would be beneficial to consider different demographics from across the country. AK is to liaise with ACB and AMcG to consider how best to progress this.</p> <p>Going forward the project will be progressed with the University of Strathclyde and will have a focus on championing innovation. AK confirmed that, although, a lot of work has been carried out already there is much still to be done.</p> <p>AP congratulated AK 'on a great piece of work' and asked whether it is in the gift of RPS to champion innovation; AK confirmed that it is and that this would be welcomed.</p> <p>It was suggested that it is not just about being innovative but also about how innovation is recognised and how it can be shared. ACB suggested that AK do a brief blog to be posted on</p>	
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	<p>the RPS website. AK and BA to liaise on this. JMcA suggested that innovation should be promoted through RPS Local.</p> <p>EB asked if there was a reason for people being innovative. AK suggested that being innovative is a personality trait, having a vision; the trick is then to translate it so that the 'whole pharmacy team gets on board'.</p> <p>PB thanked AK for his interesting presentation and asked if he had conducted research into funding services to see if they can be more active rather than the pharmacist having to be the driving force. AK confirmed that these services haven't been approached, that the focus had been on individual pharmacists and their teams but that this could be considered going forward.</p> <p>AMcG asked if there would be an opportunity for students to take the project forward to the next phase; ACB suggested that it was too late for this year but would be considered for the next year's intake</p> <p>Action: AK and BA to liaise on a blog article for the RPS website and other digital platforms.</p>	AK / BA
18/09/10.	<p>RPS Local</p> <p>Annamarie McGregor (AMcG), Practice Development Lead, provided a brief update on RPS Local events.</p> <p>BMs were advised that a further 26 events are scheduled to take place before the end of the year. AMcG noted that this has been the first year; lessons have been learned and processes streamlined which will be taken forward in 2019. These include:</p> <ul style="list-style-type: none"> • Scheduling events for July and August rather than September • Events in 2018 have required significant staff resource; in 2019, BMs will be approached to provide RPS updates at local events. AMcG agreed to collate a list of 'gaps' which will be circulated to BMs • Evaluations showed that Members have valued the revalidation events in particular <p>Because of the implications around staff resource and, also, to be able to reach Members in remote and rural areas, there will be a focus on developing a digital offering in 2019.</p>	

	<p>AMcG confirmed that all 'Local' events are developed in alignment with the RPS corporate and Scottish business plans.</p> <p>KC recommended that any RPS Update should demonstrate explicitly that the Society is listening and reacting to Members' needs and requests: 'you said and we've done'.</p> <p>BMs agreed that, for its first year, RPS Local had been very successful.</p> <p>Action: AMcG to circulate a list of 'gaps' to BMs.</p>	AMcG
18/09/11.	<p>Hospital Standards</p> <p>This agenda item was considered in Matters Arising.</p>	
18/09/12.	<p>Mental Health</p> <p>Andrew Walker (AW), Mental Health (MH), Special Interest Group (SIG) provided some background on the work of the Special Interest Group (SIG) on Mental Health. The SIG has been established for more than 30 years. The SIG represents the specialist mental health services from all over Scotland and other organisations including National Health Education Scotland (NES) and the RPS. It was initially established as a 'sharing platform'; it works at a national level with various entities including Scot Govt and the Mental Welfare Commission. The SIG is currently working with Scot Govt to refresh the National Lithium Standards and has, in the past, worked on the Model Schemes. The SIG for MH considers government strategy to see if there are opportunities for developing services to support mental healthcare.</p> <p>The SIG works across the totality of mental healthcare and is quite varied in its nature. At a recent SIG meeting, AMcG shared the mental health campaign that had been delivered in England with a view to developing a Scottish version with the support of the SIG for MH; the purpose would be to engage the wider pharmacy community to deliver support to people with mental health issues. Consideration would have to be given to how delivery of such support for people with mental health issues could be improved whilst remaining realistic and viable.</p> <p>AW advised BMs about work that has already been carried out; this includes a website that was developed with NHS 24: <i>Choice and Medication</i>. The website is an information tool that could be used by pharmacists but it hasn't been promoted and so its use is limited. AW asked how the</p>	

	<p>Action: RPS Staff to consider ways to promote and publicise the <i>Choice and Medication</i> website</p> <p>Action: JB and KC to forward their points to CR.</p>	<p>BA/RPS team</p> <p>JB / KC</p>
<p>18/09/13.</p>	<p>Presentation – British Heart Foundation Report on Hypertension</p> <p>JMcA introduced Paul Forsyth (PF), Lead Pharmacist, Clinical Cardiology (Primary Care) at NHS Greater Glasgow and Clyde. PF had been invited to the meeting to update BMs on a project on hypertension, in which he had been involved, in conjunction with the British Heart Foundation and the RPS.</p> <p>PF thanked BMs for inviting him to the meeting and gave some contextual background. He noted that sitting on the Project Steering Group had opened doors and given access to relevant networks.</p> <p>The project work started with a survey to various stakeholder groups including clinicians; the results were then collated and those who had responded were then invited to four round table events at the Scottish Parliament to focus on four or five key points. The round tables have now finished, the findings are being collated and the first version of the report is being drafted.</p> <p>One of the recommendations in the report is likely to be that Scottish NHS Boards will need to consider their community strategies to include the identification and treatment of hypertension. There will be a number of sub-themes within the report. One of the challenges will be to turn the findings and recommendations of the report into something meaningful and deliverable. It will be important to take small projects and make them equitable and consistent across the country.</p> <p>PF noted that, in his role as a cardiology pharmacist for NHS GGC, he is working with Beth Ward from RPS to put together a '<i>Curriculum for Heart Failure</i>' which will be pertinent to pharmacists from different sectors.</p> <p>It was suggested that, if the Scottish Pharmacy Contract is revisited, the <i>Curriculum for Heart Failure</i> would be ideally suited to be included and that it shouldn't be only about hypertension but include all areas of heart failure.</p>	

	<p>JL asked, should funding be granted, what the 'shopping list' would be. PF confirmed that he would be keen for the 'basics' to be covered and carried out to the highest standards; the 'basics' would allow for all pharmacists to be involved. He suggested that pharmacists could be remunerated for this work and that standards would be developed for guidance.</p> <p>It was agreed that a system within pharmacy should be developed so that people are directed to the appropriate support. PF confirmed that he is supporting Scottish Health Boards with the implementation of <i>'teach and treat'</i> training.</p> <p>JMcA asked what the RPSiS can do to support this work. PF confirmed that he would have a better idea of what is required when the report is finalised; it was confirmed that PF should be invited back to an SPB meeting once the report has been finalised.</p> <p>On behalf of the SPB, JMcA thanked PF for his presentation noting that the SPB would look forward to him returning once the report has been finalised.</p> <p>Action: PF to be invited to the April 2019 SPB meeting.</p>	ABr
18/09/14.	<p>Policy and Consultations</p> <p><u>Policy and Consultation activity update Q3 (18.09/SPB/14(i)):</u></p> <p>GMS Survey: The team has received 45 responses to the GMS survey; these have not yet been analysed but once the analysis has been completed, the results will be presented at the January 2019 SPB meeting. Initial findings show that 90% of respondents have been on the Register for more than 10 years; it will be important to find out how representative the 45 responses are.</p> <p>Supervision, Consultation on Dispensing Errors in hospitals, Superintendent Pharmacist and Responsible Pharmacist: ABr reported that this consultation has now been submitted; she had been disappointed at the lack of response and engagement and that future discussions will be required around the changes that the GPhC might implement. ABr suggested that this might be something that the Supervision Working Group could undertake as an 'add on'. AS suggested that some work is required by the Supervision working group to help ensure that the GPhC adopts 'appropriate exceptional circumstances' in its deliberations and decisions.</p>	

	<p>AMcG noted that she had attended an RPS Local event in Inverness the previous evening and the subject of 'exceptional circumstances' was discussed. It was suggested that an RPS webinar on this subject should be developed for remote and rural areas throughout GB. BMs agreed that this would be an excellent idea; ABr to formulate a plan for a webinar on this matter.</p> <p>JL noted that, on social media platforms, he had witnessed 'a visceral response' to the RPS's position on supervision and that pharmacists were leaning towards other pharmacy bodies; he suggested that it might be better received if the RPS was seen to be leading on the role of the pharmacist rather than exceptional circumstances. AS suggested that the RPS needs to do something quickly to reassure its members; he noted that the 'fundamental fix' would be the Community Pharmacy Standards.</p> <p>Action: ABr to develop a webinar on 'exceptional circumstances' for pharmacist Members working in remote and rural areas.</p> <p>Care Homes Review: 21 November has been confirmed for the Care Homes Summit event. The English model will be followed, i.e. a round table discussion which will inform a report which, in turn, will inform a policy document and a call to action if required. BMs were invited to attend the day; BMs were asked to email CR if intending to attend.</p> <p>Action: BMs to inform CR if intending to attend the Care Homes' Review Summit on 21 November.</p> <p>Brexit: ABr reported on a meeting she had attended looking at the themes of access to medicines, workforce pressures and science and research; it had not been a positive experience with much of the time spent considering the consequences of Brexit. The RPS needs to now 'consider what is in our gift to influence'. ABr concluded by noting that Professor Luigi Martini, RPS Chief Scientist followed this up with a meeting at the MHRA which was equally as negative.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Policy and Consultation Activity Update – Quarter 3 (18.09/SPB/14(i)).</p>	<p>ABr</p> <p>BMs / CR</p>
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	<p><u>Aesthetic Procedures (18.09/SPB/14(ii)).</u></p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the paper on Aesthetic Procedures (18.09/SPB/14(ii)).</p> <p><u>Online Pharmacy Services (18.09/SPB/14(iii)).</u></p> <p>This has been drafted in line with the GPhC consultation. Comments to Heidi Wright by 16 October, copying in ABr to any responses.</p> <p>AM felt that the consultation is confusing; the document needs to be re-drafted with prescribing in a separate section. JMcA suggested that the document needs to be re-drafted before BMs provide feedback. It might be that another title is required.</p> <p>JB asked for clarity as to the purpose of the document and whether it refers to online doctors' services, online pharmacy services or, as is often perceived, that the two are somehow amalgamated under the banner of online prescribing services.</p> <p>ABr to feed back the comments and then circulate the revised document.</p> <p>PB noted that ABr's session at FIP on cannabis was really excellent and that government policy has been influenced by this. ABr noted that the Science & Research team should be congratulated as well.</p> <p>Action: ABr to feedback comments on the Online Pharmacy Services document and then circulate the revised document.</p>	ABr
18.09/15.	<p>External Relations</p> <p><u>Social Media</u></p> <p>Boyana Atanasova (BA), Digital Communications Executive, gave a brief overview of results in Quarters 2 / 3 (18.09/SPB/15)</p> <p>Highlights included:</p>	

- Live tweeting from SPB Board meetings – BA reported that more than 22k impressions had been created from the July 2018 Board meeting; a significant increase on previous meetings.
- Filming before and after meetings. BA noted that JB had been filmed that morning and would do another video after Public Business to report on what had been discussed. BA reported that the morning's video had been viewed 200 times since it was uploaded. AP noted that she has received very positive feedback on the videos.

The Scottish Pharmacy Board

noted

the Social Media update (18.07/SPB/15).

Public and Patient Involvement:

BA provided a brief update on the '*Good Care starts with a conversation*' Campaign. The Campaign was launched on 6 August and the initial response has been positive. It has been distributed through the *Scottish Pharmacist* magazine but further promotional work is required within the hospital sector and also with the 'multiples'. Supportive statements have been received from CPS, the Alliance and also the *Lyndsay and Gilmour* chain of pharmacies. The Campaign hashtag has been very successful with more than 17k impressions. BMs were asked to forward any 'case studies or stories' that they might have to support the campaign. AC emphasised the importance of promoting the Campaign to the hospital sector.

BA noted that feedback from RPS Members had been very positive with many requesting hard copies of the poster.

It was suggested that the Campaign should be promoted to Scot Govt with a view to the RPS Campaign being included in Scot Govt's Public Health Campaign.

BA went on to confirm the next steps:

- Developing a leaflet (Member resource) which will help pharmacists encourage initial conversations with patients.

	<ul style="list-style-type: none"> • Engagement with other stakeholders and groups to garner support for the Campaign. • Engagement with the Leith Project. • Working with the multiples to try to get the poster into pharmacies. <p>Action: BMs to support BA to get the posters into multiples; KC to add to the agenda of the next CCA meeting.</p> <p>Action: BMs to forward case studies and stories to BA.</p> <p>Action: RPS Team to explore opportunities with Scot Govt for the '<i>Good Care starts with a conversation</i>' Campaign to be included in the Scot Govt Public Health Campaign.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Public and Patient Involvement update.</p> <p><u>Recruitment – Head of External Relations.</u></p> <p>AMK gave a brief update on progress towards the recruitment of the Head of External Relations role. With the rolling out of the new structure, there has been a delay but it was decided, because of the stakeholder engagement aspect of the role, that role would remain the same. AMK confirmed that, as of 26 September, three applications had been received.</p> <p>The Scottish Pharmacy Board</p> <p>noted</p> <p>progress on the recruitment of the Head of External Relations role.</p>	<p>BMs / KC</p> <p>BMs RPS team</p>
<p>18/09/16.</p>	<p>Chair and Vice-Chair's report</p> <p>The Chair introduced the Chair and Vice-Chair's report, inviting any questions; there were no questions.</p> <p>The Scottish Pharmacy Board</p>	

	<p style="text-align: center;">noted</p> <p>the Chair and Vice-Chair's report (18.09/SPB/16).</p>	
<p>18.09/17.</p>	<p>Science and Research Update</p> <p>Dr Colin Cable (CC), Assistant Chief Scientist, provided a brief update on the work of the Science and Research (S&R) Team. This included:</p> <ul style="list-style-type: none"> • The RPS Science and Research Winter Summit which takes place on 8 February 2019, at County Hall, London. CC confirmed that the Summit will run from 9.30 am until 5 pm (10 am start). It promises to be an exciting programme with high profile speakers including Dame Sally Davies, Chief Medical Officer for England who will open the event. Molly Stevens, Professor of Biomedical Materials and Regenerative Medicine and the Research Director for Biomedical Material Sciences in the Institute of Biomedical Engineering at Imperial College, will close the event. A round table discussion will take place during the day; this will be led by Professor Trevor Jones and will consider the future of Life Sciences and healthcare in the UK. Other areas being covered during the day include antimicrobials, counterfeit medicines, Artificial Intelligence and mental health. BMs were asked to circulate details of the event to their networks. • CC confirmed that there will be posters at the event and the deadline for these has been extended from 24 September to 1 October 2018. • At a recent S&R Board meeting it was agreed that the policy on e-cigarettes should be revised; volunteers will be needed to support this work. <p>It was noted that Claire Thompson, Deputy Chief Scientist, would be leaving at the end of November. PB noted that Claire had been immensely helpful before Professor Martini arrived, however, this is an opportunity to re-think the programme for 2019, providing an opportunity to re-focus on S&R and to raise its profile.</p> <p>Action: BMs to circulate details of the Science and Research Summit to their networks. Action: BMs to volunteer to support the re-vamp of the policy on e-cigarettes.</p>	<p>BMs BMs</p>

	<p>The Scottish Pharmacy Board</p> <p>noted</p> <p>the Science and Research Update (18.09/SPB/17).</p>	
18/09/18.	<p>Key messages</p> <p>The Scottish Pharmacy Board</p> <p>agreed</p> <p>the following key messages:</p> <ul style="list-style-type: none"> • Plans around a mental health campaign which could be linked to the '<i>We ask because we care</i>' campaign. • A revised commitment to Science and Research, particularly <i>Research Ready</i>. • Progressing RPS Local in Scotland. • Review of Care Homes Report. • Engaging with the membership to inform our campaigns (particularly around mental health, the outcomes of the BHF/RPS report on hypertension and a Student final year project on innovation). • RPS cross-board Business Planning day on 15 October; to give our Scottish Members the opportunity to advise of any 'hot topics' or issues that they feel should be considered. 	
18/09/19.	<p>Any other competent business</p> <p>RPS representation at bi-annual CPS Council meetings CPS has asked for an RPS representative to attend its bi-annual Council meetings. BMs agreed that AMK should attend these meetings as the representative.</p> <p>Fellowship nominations BMs were reminded that the deadline for the submission of Fellowship nominations is 17 October.</p>	

	<p>Pharmacy Technicians and access to RPS resources</p> <p>KC noted that, at the recent Pharmacy Management Conference, she was approached by a pharmacist whose previous role had been taken on by a pharmacy technician. The pharmacist was concerned that the PT wouldn't be able to access RPS resources. BMs were asked how they felt about this. A PT Roadmap is being developed but any formal change would require amendment to the RPS Charter. One suggestion was that RPS resources could be purchased; AS urged caution as 'it is not as simple as it would seem'.</p> <p>JB reminded BMs that this matter had been discussed previously by the SPB and that the conclusion had been that the SPB was in favour of a category of Associate membership being made available to PTs. AMcG noted that, at a recent RPS Local integration event, there were more technicians in the audience than pharmacists. The matter of PTs is an ongoing discussion item within RPS.</p> <p>Faculty Twitter Chat</p> <p>BMs were invited to participate in an RPS Faculty Twitter chat, which is scheduled to take place on 27 September, from 8 pm until 9 pm.</p>	
18/09/18.	<p>Dates of SPB meetings - 2019</p> <p>SPB Board Day: Wednesday, 23 January 2019 SPB Working Day: Thursday 24 January 2019 SPB Board Day: Wednesday, 24 April 2019 SPB Induction Day: Tuesday, 2 July 2019 SPB Board Day: Wednesday, 3 July 2019 SPB Board Day: Wednesday, 25 September 2019</p> <p>Two further strategy days – dates TBC.</p>	

The meeting closed at: 14:40.